



# Sangamon-Menard Regional Office of Education

2201 South Dirksen Parkway \* Springfield, IL 62703 \* Phone (217) 753-6620

**Shannon Fehrholz**  
Regional Superintendent of Schools

**Jim Berberet**  
Assistant Regional Superintendent

[www.roe51.org](http://www.roe51.org)

## AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORDS CHECK

### APPLICANT JOB CATEGORY:

\_\_\_\_ TEACHER \_\_\_\_ OTHER SCHOOL EMPLOYEE \_\_\_\_ BUS DRIVER \_\_\_\_ SUBSTITUTE TEACHER  
\_\_\_\_ SCHOOL VOLUNTEER \_\_\_\_ CONTRACTOR X SANGAMON CO/ZONING DEPT (Purpose Code: LIQ)

### PERSONAL INFORMATION:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SS NUMBER: \_\_\_\_\_ DATE OF BIRTH (YYYYMMDD): \_\_\_\_\_

DL NUMBER: \_\_\_\_\_ STATE ISSUING DL: \_\_\_\_\_

COUNTRY OF CITIZENSHIP: \_\_\_\_\_ PLACE OF BIRTH (STATE): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### PHYSICAL DESCRIPTION:

SEX: \_\_\_\_ MALE \_\_\_\_ FEMALE \_\_\_\_ UNKNOWN

RACE: \_\_\_\_\_ (Options: Asian, American Indian/Alaskan, Black, White/Hispanic, Unknown)

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

IDENTIFYING SCARS/TATTOOS: \_\_\_\_\_

### APPLICANT AUTHORIZATION

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I authorize the Sangamon-Menard Regional Office of Education to capture and securely transmit my fingerprints to the Illinois State Police and/or Federal Bureau of Investigation pursuant to applicable statute. If your fingerprints are AFIS unacceptable and reprinting is necessary to receive results, the district/business/individual is required to pay the reprint fee. Procedure for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, CFR 16.34.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### FOR DISTRICT/BUSINESS USE ONLY:

DISTRICT OR BUSINESS TO BE BILLED: (Zoning/Liquor Applicants are to pay \$55 fee at time of appt.)\*\*

### FOR ROE OFFICE USE ONLY:

ORI: ILL15816L TCN: \_\_\_\_\_

PAID: CASH \_\_\_\_ CHECK (Number) \_\_\_\_ DEBIT/CREDIT (Approval Code): \_\_\_\_\_

FP TECH: \_\_\_\_\_ DATE: \_\_\_\_\_ PHOTO ID PRESENTED: \_\_\_\_\_

**\*\*Applicant is responsible for emailing this form with TCN # to [zoning@sangamonil.gov](mailto:zoning@sangamonil.gov)**